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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. JOHN P. WHITE COOPER AND DUNHAM LLP 1185 AVE OF THE AMERICAS NEW YORK, NY 10036 04/07/2005 DEMHANU2 00000102 09508979 (Signature 1400.00 OP 01 FC:1501 300.00 DP (Date 02 FC:1504 2005 Apr FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. **FILING DATE** 09/508,979 05/10/2000 THOMAS J. HIGGINS ~33_00 4903 TITLE OF INVENTION: METHOD FOR ALTERING STORAGE ORGAN COMPOSITION TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE APPLN. TYPE SMALL ENTITY ISSUE FEE 04/07/2005 \$1400 \$300 \$1700 NO nonprovisional EXAMINER CLASS-SUBCLASS ART UNIT COLLINS, CYNTHIA E 1638 800-278000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list John P. White (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Cooper & Dunham LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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COMMONWEALTH SCIENTIFIC AND

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INDUSTRIAL RESEARCH ORGANISATION Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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И Authorized Signature

April 4, 2005 Date

dhn P. White Typed or printed name

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